

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |              |          |   |   |    |   |   |   |   |
|---|-----------------------------------|---|--------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: _____                              |                                   | 2 Serial/Patent # <u>10/518826</u>  |              |          |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER  | 5 DATE FILED | 6 AMOUNT |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | Filing                            | 1   | 12/21/04     | \$ 100   |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Amendment                         |   |              | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Extension of Time                 |   |              | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Notice of Appeal/Appeal           |   |              | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Petition                          |   |              | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Issue                             |   |              | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Cert of Correction/Terminal Disc. |   |              | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Maintenance                       |   |              | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Assignment                        |   |              | \$       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Other                             |   |              | \$       |   |   |    |   |   |   |   |
|   |                                   | 7 TOTAL AMOUNT OF REFUND  |              | \$ 100   |   |   |    |   |   |   |   |
|   |                                   | 8 TO BE REFUNDED BY:  |              |          |   |   |    |   |   |   |   |
|   |                                   | Treasury Check  |              |          |   |   |    |   |   |   |   |
|   |                                   | Credit Deposit A/C #:   |              |          |   |   |    |   |   |   |   |
|   |                                   | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table> |              |          | 1 | 4 | -- | 1 | 2 | 7 | 0 |
| 1   | 4                                 | --  | 1            | 2        | 7 | 0 |    |   |   |   |   |
| 10 REASON:  |                                   |   |              |          |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | Overpayment                       |   |              |          |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Duplicate Payment                 |   |              |          |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | No Fee Due (Explanation):         |   |              |          |   |   |    |   |   |   |   |
|   |                                   |   |              |          |   |   |    |   |   |   |   |
|   |                                   |   |              |          |   |   |    |   |   |   |   |
|   |                                   |   |              |          |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |   |              |          |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>A. Johnson</u>                 |                                   | TITLE: <u>paralegal</u>   |              |          |   |   |    |   |   |   |   |
| SIGNATURE: <u>[Signature]</u>                         |                                   | PHONE: <u>308-9140</u>  |              |          |   |   |    |   |   |   |   |
| OFFICE: <u>PCT</u>                                    |                                   |   |              |          |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |              |          |   |   |    |   |   |   |   |
| APPROVED: _____                                       |                                   | DATE: _____   |              |          |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*